Permittee A	pplication	Date:
	.ppoao	



Commonwealth of Massachusetts-Department of Conservation & Recreation Region/Facility:

Address:

Phone:

## 2016 POOL RESERVATION PERMIT

ORGANIZATION:    Name (Primary):   Mailing Address:   Mailing Address:   Mailing Address:   Town/City, State, Zip Code:   Town/City, State, Zip Code:   Telephone # Day:   Night:   Cell:   Email:   Emai			
POOL LOCATION:    Fax:			
POOL LOCATION:    Fax:	Name (Secondary):		
POOL LOCATION:    Fax:			
POOL LOCATION:    Fax:			
POOL LOCATION:    Fax:			
POOL LOCATION:    Fax:	Night:		
POOL LOCATION:    Fax:	Cell:		
DAYS DATES FROM TO CHILDREN # OF ADULTS  AM AM AM  PM PM PM  Permittee is responsible for removal of debris generated and/or damage to DCR property. Counselors must wear t-sh readily identify the Group. Counselors must be wearing bathing suits. Counselors cannot wear shoes or sneakers on deck. Campers must be 3°° at shoulder level. COUNSELORS MUST BE INSIDE POOL AREA AT ALL TIMES. Child/Counselor Ratio: 6:1 Counselor/Persons with Disabilities-Exceptional Ratio: 1:1.  All groups of 10 or more must have a reservation. Group maximum 48 Campers. Maximum Stay: 2 hours. Counselor must accompany child in the water. These requirements are in addition to any requirements you must meet licensed under 105 CMR 430.000: MINIMUM STANDARDS FOR RECREATIONAL CAMPS FOR CHILDREN (STATE SANIT CODE, CHAPTER IV).  SPECIAL SITE CONDITIONS AND REQUIREMENTS:  The DCR reserves the right to refuse admission when all terms of the permit are not met.  The Commonwealth of Massachusetts and the Department of Cor and Recreation and their employees shall be held harmless and in for any accident resultion that the permit are not met.  The Commonwealth of Massachusetts and the Department of Cor and Recreation and their employees shall be held harmless and in for any accident resultion that the support of this permit. This per transferable and is revocable. THIS PERMIT MUST BE AVAILABLE ALL TIMES ON LOCATION. If you do not have this permit availa may be asked to vacate the facility at the agreed time, misuse of facility, and /or failure to leave the facility at the agreed time, misuse of facility, and /or failure to comply with DCR Personnel and DCR rul regulations.  I hereby agree to the terms of this permit.  Date:	Email:		
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